

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2016 FEB 10 PM 12:26

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

COMMON SENSE GUN LEGISLATION

ADDRESS (number and street)

1140 5TH AVENUE S.



Check if different than previously reported. (ACC)

SUITE 301

EDMONDS

WA

98020

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00577718

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT  
(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)  
☒ July 15 Quarterly Report (Q2)  
☐ October 15 Quarterly Report (Q3)  
☐ January 31 Year-End Report (YE)  
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)  
☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
☐ Convention (12C) ☐ Special (12S)

Election on

MM / DD / YYYY

in the State of

(d) 30-Day POST-Election Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY

through

MM / DD / YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JOHN VILLESVIK

Signature of Treasurer

Date

01 / 27 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period:

From:

05 / 11 / 2015

To:

06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19) .....	0.00	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	0.00	
7. Total Disbursements (from Line 31) .....	0.00	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	0.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Report Covering the Period:

From:

05 / 11 / 2015

To:

06 / 30 / 2015

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

0.00

(ii) Unitemized.....

0.00

(iii) TOTAL (add  
Lines 11(a)(i) and (ii)).....▶

0.00

(b) Political Party Committees.....

0.00

(c) Other Political Committees  
(such as PACs).....

0.00

(d) Total Contributions (add Lines  
11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5).....▶

0.00

12. Transfers From Affiliated/Other  
Party Committees.....

0.00

13. All Loans Received.....

0.00

14. Loan Repayments Received.....

0.00

15. Offsets To Operating Expenditures  
(Refunds, Rebates, etc.)  
(Carry Totals to Line 37, page 5).....

0.00

16. Refunds of Contributions Made  
to Federal Candidates and Other  
Political Committees.....

0.00

17. Other Federal Receipts  
(Dividends, Interest, etc.).....

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account  
(from Schedule H3).....

0.00

(b) Levin Funds (from Schedule H5).....

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)).....▶

0.00

20. Total Federal Receipts  
(subtract Line 18(c) from Line 19).....▶

0.00

## Page 4

FEC Form 3X (Rev. 02/2003)

## 11. Disbursements

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

21. Operating Expenditures:
- (a) Allocated Federal/Non-Federal Activity (from Schedule H4)
- (i) Federal Share .....
- (ii) Non-Federal Share.....
- (b) Other Federal Operating Expenditures .....
- (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....
22. Transfers to Affiliated/Other Party Committees.....
23. Contributions to Federal Candidates/Committees and Other Political Committees.....
24. Independent Expenditures (use Schedule E) .....
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....
26. Loan Repayments Made.....
27. Loans Made.....
28. Refunds of Contributions To:
- (a) Individuals/Persons Other Than Political Committees .....
- (b) Political Party Committees .....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....
29. Other Disbursements .....
30. Federal Election Activity (52 U.S.C. § 3010)
- (a) Allocated Federal Election Activity (from Schedule H6)
- (i) Federal Share .....
- (ii) "Levin" Share.....
- (b) Federal Election Activity Paid Entirely With Federal Funds .....
- (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).....
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

Figure 1 displays 20 horizontal plots showing the time evolution of the probability distribution  $P(x)$  for a quantum state. The plots are arranged in two groups of 10. The top group shows the evolution from an initial state (labeled 0.00) to a state with a peak at  $x=0$  (labeled 0.00). The bottom group shows the evolution from a state with a peak at  $x=0$  (labeled 0.00) to a state with a peak at  $x=0$  (labeled 0.00). The x-axis is labeled  $x$  and the y-axis is labeled  $P(x)$ . The plots show the distribution of the state at different times, with the peak moving and changing shape as time progresses.

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0 0 0	
34. Total Contribution Refunds (from Line 28(d)) .....	0 0 0	
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0 0 0	
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0 0 0	
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0 0 0	
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0 0 0	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:			PAGE	OF
(check only one)				
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

**A.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM	DD	YY
----	----	----

Amount of Each Receipt this Period

--

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM	DD	YY
----	----	----

Amount of Each Receipt this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM	DD	YY
----	----	----

Amount of Each Receipt this Period

--

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

--

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NA

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

Mailing Address

MM / DD / YYYY

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
 State: District:

B.

Date of Disbursement

Mailing Address

MM / DD / YYYY

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
 State: District:

C.

Date of Disbursement

Mailing Address

MM / DD / YYYY

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
 State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

MM / DD / YYYY

NOT FOR POSTAL USE

**SCHEDULE C (FEC Form 3X)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)

NA

Election:

- ☐ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional) .....

**TOTALS** This Period (last page in this line only) .....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C-1 (FEC Form 3X)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) <div style="font-size: 4em; text-align: center; margin-top: 20px;">NA</div>		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; text-align: center;">C</div>	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Interest Rate (APR) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> %
Mailing Address		Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M</div><div style="border: 1px solid black; padding: 2px;">D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y</div></div>	
City	State	Zip Code	Date Due <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M</div><div style="border: 1px solid black; padding: 2px;">D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y</div></div>
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M</div><div style="border: 1px solid black; padding: 2px;">D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y</div></div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; height: 20px; width: 150px;"></div>		Total Outstanding Balance: <div style="border: 1px solid black; height: 20px; width: 150px;"></div>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <div style="border: 1px solid black; height: 20px; width: 150px;"></div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <div style="border: 1px solid black; height: 20px; width: 150px;"></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M</div><div style="border: 1px solid black; padding: 2px;">D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y</div></div>		Location of account: Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M</div><div style="border: 1px solid black; padding: 2px;">D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y</div></div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M</div><div style="border: 1px solid black; padding: 2px;">D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y</div></div>	

# SCHEDULE D (FEC Form 3X)

## DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE OF

FOR LINE NUMBER:  
(check only one)

9  
10

NAME OF COMMITTEE (In Full)

NA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶

2) TOTALS This Period (last page this line number only)..... ▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

2010-01-10 10:00:00

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE \_\_\_\_\_ OF \_\_\_\_\_  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

FEC IDENTIFICATION NUMBER  
 C

Check if ☐ 24-hour report ☐ 48-hour report

☐ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name of Payee

Mailing Address

City

State

Zip Code

Purpose of Expenditure

Category/  
Type

Date of Public Distribution/Dissemination

MM / DD / YYYY

Amount

MM / DD / YYYY

Date of Disbursement or Obligation

MM / DD / YYYY

Name of Federal Candidate

☐ Support

☐ Oppose

Office Sought:

☐ House

District: \_\_\_\_\_

☐ President

☐ Senate

State: \_\_\_\_\_

Calendar Year-To-Date  
Per Election for Office Sought

MM / DD / YYYY

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ►

Full Name of Payee

Mailing Address

City

State

Zip Code

Purpose of Expenditure

Category/  
Type

Date of Public Distribution/Dissemination

MM / DD / YYYY

Amount

MM / DD / YYYY

Date of Disbursement or Obligation

MM / DD / YYYY

Name of Federal Candidate

☐ Support

☐ Oppose

Office Sought:

☐ House

District: \_\_\_\_\_

☐ President

☐ Senate

State: \_\_\_\_\_

Calendar Year-To-Date  
Per Election for Office Sought

MM / DD / YYYY

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures..... ►

MM / DD / YYYY

(b) SUBTOTAL of Unitemized Independent Expenditures..... ►

MM / DD / YYYY

(c) TOTAL Independent Expenditures..... ►

MM / DD / YYYY

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date

MM / DD / YYYY

# SCHEDULE F (FEC Form 3X)

## ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

PAGE OF  
FOR LINE 25 OF FORM 3X

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full)	<input type="checkbox"/> Check if 24-hour notice
-----------------------------	---

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee
	Mailing Address
	City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="text"/> Category/ Type
Mailing Address	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code	Amount	<input type="text"/>
Name of Federal Candidate Supported Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <input type="text"/> District: <input type="text"/>		
Aggregate General Election Expenditure for this Candidate ▶ <input type="text"/>		

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="text"/> Category/ Type
Mailing Address	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code	Amount	<input type="text"/>
Name of Federal Candidate Supported Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <input type="text"/> District: <input type="text"/>		
Aggregate General Election Expenditure for this Candidate ▶ <input type="text"/>		

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="text"/> Category/ Type
Mailing Address	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code	Amount	<input type="text"/>
Name of Federal Candidate Supported Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <input type="text"/> District: <input type="text"/>		
Aggregate General Election Expenditure for this Candidate ▶ <input type="text"/>		

SUBTOTAL of Expenditures This Page (optional).....▶	<input type="text"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

2010-01-10 10:00:00

RECEIVED  
FEC MAIL CENTER  
2016 FEB 10 PM 12:26

Federal Election Comm.  
999 E St, NW  
Washington DC,  
20463

ons, Vlt. 96020



U.S. POSTAGE  
PAID  
EDMONDS, WA  
98020  
JAN 28, 16  
AMOUNT

**\$1.64**


00103895-02

**20463**

1000

Federal Election Commission  
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 1/28/16 Date of Receipt 2/10/16
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
PREPARER  
(3/2015)

2/10/16  
DATE PREPARED

20160210 04:00:00